

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>re</i>		
<b>FORMALITY REVIEW</b>	<i>IN</i>	<i>61-04-01</i>	
<b>RESPONSE FORMALITY REVIEW</b>	<i>TS</i>	<i>107</i>	<i>10/01/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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